

RULE 63 (37 C.F.R. 1.63)
DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

☒ Declaration Submitted with Initial Filing or ☐ Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the INVENTION ENTITLED

INK-JET RECORDING MATERIAL, the specification of which is:

☒ attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____ As United States Application Number (Attorney Docket No. _____) or
PCT International Application No. _____ and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56 including for continuation-in-part application, material information which becomes available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a) -(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international Application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventors certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)

Priority Not Claimed

Certified Copy Attached?

<u>Number</u>	<u>Country</u>	<u>Foreign Filing Date (MM/DD/YYYY)</u>	<u>Priority Not Claimed</u>	<u>Certified Copy Attached?</u>
			<u>Yes</u>	<u>No</u>
040744/2001	Japan	02/16/2001	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional Application(s) listed below.

PRIOR U.S. PROVISIONAL(S)

Application No. (series code/serial no.) Filing Date (MM/DD/YYYY)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the registered practitioners represented by **Customer No.: 20736** to prosecute this application and transact all business in the U.S. Patent and Trademark Office in connection therewith. Direct all correspondence to **Manelli Denison & Selter PLLC at Customer No.: 20736**.

1. INVENTOR'S SIGNATURE: Takeshi Nagashima Date February 4, 2002
Inventor's Name (typed) Takeshi NAGASHIMA Japan
First Middle Initial Family Name Country of Citizenship
Residence (City) Chiyoda-ku (State) Tokyo, Japan
Post Office Address (Include Zip Code) c/o MITSUBISHI PAPER MILLS LIMITED, 4-2, Marunouchi 3-chome,
Chiyoda-ku, Tokyo 100-0005 JAPAN
2. INVENTOR'S SIGNATURE: Satoshi Kaneko Date February 4, 2002
Inventor's Name (typed) Satoshi KANEKO Japan
First Middle Initial Family Name Country of Citizenship
Residence (City) Chiyoda-ku (State) Tokyo, Japan
Post Office Address (Include Zip Code) c/o MITSUBISHI PAPER MILLS LIMITED, 4-2, Marunouchi 3-chome,
Chiyoda-ku, Tokyo 100-0005 JAPAN
3. INVENTOR'S SIGNATURE: _____ Date _____
Inventor's Name (typed) _____
First Middle Initial Family Name Country of Citizenship
Residence (City) _____ (State) _____
Post Office Address (Include Zip Code) _____

☐ Additional Inventors are being named on the _ supplemental additional inventor sheet(s) attached hereto.

MDS Jan 2001